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State/Territory Name: Wyoming

State Plan Amendment (SPA) #: 19-0022

This file contains the following documents in the order listed:

1) Approval Letter

- 2) 179
- 3) Approved SPA Pages

TN: WY-19-0022 Approval Date: 01/13/2020 Effective Date: 01/01/2020

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services Denver Regional Office 1961 Stout Street, Room 08-148 Denver, CO 80294



REGION VIII - DENVER

January 13, 2020

Teri Green, State Medicaid Agent Office of Health Care Financing Wyoming Department of Health 6101 Yellowstone Road, Suite 210 Cheyenne, WY 82009

Dear Ms. Green:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 19-0022. This SPA is increasing the limit on speech therapy visits for adults to 30 visits per calendar year.

Please be informed that this State Plan Amendment was approved today with an effective date of January 1, 2020. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Sonja Madera at (303) 844-3522.

Sincerely,

Mary Marchioni Acting Deputy Division Director Western Regional Operations Group Denver Regional Office Centers for Medicaid and CHIP Services

cc: Michael Ceballos, Director Sheree Nall, Wyoming Andrew Chapin, Wyoming Chris Bass, Wyoming

HEALTH CARE FINANCING ADMINISTRATION OME		OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	WY19-0022	WYOMING
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION	January 1, 2020	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	·	
5. TYPE OF PLAN MATERIAL (Check One):		
	CONSIDERED AS NEW PLAN	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		n amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
42 CFR 440.130	Budget Neutral	
42 CFR 440.110	O DAGE MIN (DED OF THE CHIPEDO	SEDED DI ANICECTION
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
Attachment 3.1A 11c., Page 1	OR ATTACHMENT (If Applicable): Attachment 3.1A 11c, Page 1 – TN#09-0031	
	Attachment 5.1A 11c, Page 1 – 111#09	-0031
10. SUBJECT OF AMENDMENT:		
The amendment to the State Plan change the language of the limitation or	n speech therapy rehabilitative services. F	Rehabilitative services will
be limited unless additional services are determined to be medically necessary. This yearly limit will be based on the calendar year (January 1		
through December 31). Clients under 21 in the health check services program (EPSDT) are not benefit limited.		
11. GOVERNOR'S REVIEW (Check One):	MOTHER ACCRECITIED D.1. 4.14 T.	
GOVERNOR'S OFFICE REPORTED NO COMMENT	☐ OTHER, AS SPECIFIED: <u>Delegated to Teri</u> Green, State Medicaid Agent, Division of	
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	Healthcare Financing	
☐ NO REPLI RECEIVED WITHIN 45 DATS OF SUBMITTAL	neatuicate rina	anemg
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
12. SIGNATURE OF STATE MODINE FOR OFFICIAL.	TERI GREEN	
	STATE MEDICAID AGENT	
	DIVISION OF HEALTHCARE FINANCING	
13. TYPED NAME: TERI GREEN	6101 YELLOWSTONE ROAD, SUITE 210	
14. TITLE: STATE MEDICAID AGENT	CHEYENNE, WY 82002	
14. TITLE, STATE MEDICAID AGENT	CC: JOLENE FLORES, SENIOR ADMIN	ISTRATIVE ASSISTANT
15 DATE CUDMITTED: December 10, 2010	(SAME ADDRESS)	
15. DATE SUBMITTED: December 10, 2019		
FOR REGIONAL OF	FICE USE ONLY	
17. DATE RECEIVED:	18. DATE APPROVED:	
December 10, 2019	January 13, 2020	
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OF	FICIAL:
January 1, 2020		
21. TYPED NAME:	22. TITLE: /	
Mary Marchioni	Acting Deputy Division Director, WROG	

REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

EXPLANATION OF LIMITATIONS

11.c. SPEECH PATHOLOGY

Speech pathology services are limited to those rehabilitative and restorative service that are prescribed by a physician; that the state deems appropriate consistent with the patient's condition, and that are provided following physical debilitation due to acute trauma or physical illness. Wyoming Medicaid will begin enrolling independent speech pathologists as of July 1, 2009. Independent speech pathologists must be licensed as a speech pathologist by the State of Wyoming or the state they reside in.

Speech pathologist meet the requirement of 42 CFR 440.110.

Effective July 1, 2020

Speech pathology services will be limited to 30 visits. Additional visits will be provided if medically necessary. This yearly limit will be based on the calendar year (January 1 through December 31). Clients under 21 in the health check services program (EPSDT) are not benefit limited.